

990-EZ

Short Form Return of Organization Exempt From Income Tax

0912

2009

Open to Public Inspection

STATUTE CLEARED JUL 31 2013

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Department of the Treasury Internal Revenue Service

Under section 501(c), 527 or 4947(a)(1) of the Internal Revenue Code except black lung benefit trust or private foundation

Header information including: A For the 2009 calendar year or tax year beginning 2009, and ending 2009; B Check for applicable boxes; C Name of organization Progressive Democrats of America NF; D Employer identification number 26-3201065; E Telephone number 616-916-8780; F Group Exemption Number; G Accounting method Cash; H Check if the organization is not required to attach Schedule B.

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). I Website; J Tax-exempt status; K Check if the organization is not a section 509(a)(3) supporting organization; L Add line 3b, 6a, and 7b to line 5 to determine gross receipts.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances. Table with columns for Revenue, Expenses, and Net Assets. Rows include Contributions, Program service revenue, Membership dues, Investment income, Total revenue (83,045), Total expenses (83,077), and Net assets at beginning and end of year.

Part II Balance Sheets. Table with columns for (A) Beginning of year and (B) End of year. Rows include Cash savings and investments, Land and buildings, Other assets, Total assets, Total liabilities, and Net assets or fund balances.

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**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conforming copy of the changes.		X
35	If the organization had income from business activities (such as those reported on lines 2, 5a, and 7a (a non-organization) but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 513(a) notice, reporting, and proxy tax requirements?	X	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	X	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.		X
37a	Enter amount of political expenditures (direct or indirect) as described in the instructions. ▶ 37a <u>0</u>		
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from or make any loans to any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved. ▶ 38b <u>0</u>		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9. ▶ 39a <u>0</u>		
b	Gross receipts included on line 9 for public use of club facilities. ▶ 39b <u>0</u>		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____ section 4912 ▶ _____ section 4955 ▶ _____		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.		X
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶ _____		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. ▶ _____		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8866-T. ▶ _____		X
41	List the states with which a copy of this return is filed. ▶ <u>N/A Publicly Available</u>		
42a	The organization's books are in care of ▶ <u>Kimberly Buchan</u> Telephone no. ▶ <u>616-916-8780</u> Located at ▶ <u>P.O. Box 150064 Grand Rapids, MI 49515-0064</u> ZIP + 4 ▶ <u>49515-0064</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
	If "Yes," enter the name of the foreign country. ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country. ▶ _____		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ 43 <u>0</u>		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes" complete Schedule C Part I
47 Did the organization engage in lobbying activities? If "Yes" complete Schedule C Part II
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes" complete Schedule E
49a Did the organization make any transfers to an exempt non-charitable related organization?
49b If "Yes" was the related organization a section 527 organization?
50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none enter "None"

Table with 5 columns: (a) Name and address of each employee paid more than \$100,000; (b) Title and average hours per week devoted to position; (c) Compensation; (d) Contributions to employee benefit plans and deferred compensation; (e) Expense account and other allowances.

f Total number of other employees paid over \$100,000

- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none enter "None"

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000; (b) Type of service; (c) Compensation.

d Total number of other independent contractors each receiving over \$100,000

Sign Here: Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.
Signature of officer: Kimberly M. Buchon, Administrative Coordinator
Date: 7/17/13
Type of preparer and use: Preparer's signature, Date, Check if self-employed, Preparer's certification for this return only, Firm's name or other identifying number, address, and ZIP code, EIN, Phone no.

May the IRS discuss this return with the preparer shown above? See instructions. Yes No



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**Supplemental Information to Form 990**  
Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information

Date of preparation  
of this supplemental  
information

▶ Attach to Form 990

Employer identification number

Line 10. Progressive Note dba Progressive Democrats of America  
 PO Box 150064  
 Grand Rapids, MI 49515-0064  
 \$81,831 aggregate  
 This filing is for the nonfederal account of  
 Progressive Note. All activity related to politics  
 is performed through the federal account and  
 reported to the Federal Election Commission.  
 This nonfederal account primarily functions  
 in order to accept donations from organizations  
 and individuals who are unable to donate through  
 the federal account. All expenditures are monetary  
 transfers to the federal account to cover  
 administrative expenses.

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JUL 30 2013

TPR BRANCH  
OGDEN

This form is being filed late because we were  
 unaware of this requirement. It was our understanding  
 that the only filing requirement for this account was  
 the Form 8871 + 8872. To reinforce this understanding  
 we received no counter-response to our explanation to  
 Form 990 notices during the first few years of this  
 account's existence. Now that we are aware of this  
 requirement, we will do everything necessary to ensure  
 compliance.